

Controlled Substance Prescription Agreement

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe them for you.

The long-term use of such substances as opioids (narcotic analgesics), benzodiazepine tranquilizers (anti-anxiety medications), barbiturate sedatives (sleep medications), and psychostimulants (ADD/ADHD medications) is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. The extent of this risk is not certain. Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of the provider whose signature appears below to consider the initial and/or continued prescription of controlled substances to treat your condition.

1. All controlled substances must come from the provider whose signature appears on the last page (provider signature) or, during his or her absence, by the covering provider, unless specific authorization is obtained for an exception. (Multiple sources can lead to untoward drug interactions or poor coordination of treatment.)
2. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, please inform our office.
3. The prescribing provider has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability.
4. You must take the prescribed medications **ONLY** at the dose and frequency prescribed. You may **NOT** increase or change medications without the approval of this doctor.
5. You are expected to inform our office of any and **ALL** medications you are currently taking and medical conditions that you may have, and of any adverse effects you experience from any of the medications that you take.
6. You may not share, sell, or otherwise permit others to have access to these medications.
7. Under no circumstances should you combine alcohol or other recreational drugs with the use of controlled prescription medications: **serious harm or death may result.**
8. You should be aware of potential side effects of opioids, benzodiazepines, and sedatives such as decreased reaction time, clouded judgment, drowsiness, tolerance and physical dependence. Also, you should know about the possible danger associated with the use of opioids, benzodiazepines, and sedatives while operating any equipment or driving.
9. Prescriptions and bottles of these medications may be sought by other individuals with chemical dependency and should be closely safeguarded. It is expected that you will take the highest possible degree of care with your medication and prescription. They should not be left where others might see or otherwise have access to them.
10. We **may** require that original containers of medications be brought in to each office visit.

11. Unannounced urine or serum toxicology screens **may** be requested, and your cooperation is required. Presence of unauthorized substances may prompt referral for assessment for addictive disorder.
12. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people.
13. Controlled substance use can result in a variety of side effects including but by no means limited to: drowsiness, confusion, constipation, nausea, vomiting, diarrhea, headaches, disorientation or vertigo, problems with coordination or balance, difficulty sleeping, decreased breathing, aggravation of depression, dry mouth and many more.
14. **Evidence of behavior consistent with addictive behavior may result in the termination of further controlled substance prescriptions from this office. One of the main signs of a prescription drug addiction is that the user develops an increased tolerance for the drug. See the section on "tolerance" below. "Physical dependence" is another prescription drug addiction symptom. See section on physical dependence below. Such behavior includes but is not limited to:**
 - a. **Rude or obnoxious behavior while present in our office whether directed at our staff or otherwise.**
 - b. **Treatment of any member of our staff in non-professional manner because a prescription for a controlled medication has not been completed or for any other reason. There is never a justification for treating any member of this office in a rude, impolite, or otherwise unprofessional manner.**
 - c. **Use of profanity within the confines of our office or while engaged in a telephone conversation with a member of this office.**
15. *Tolerance* to controlled substances can develop over time, even a couple of weeks. Tolerance is a physiologic response, which is manifest by a need for increasing dosages of medications in order to achieve the therapeutic effect. This means that the user needs an increased amount of the drug to get the same effects that used to result from a smaller amount of the drug. When a person increases their tolerance for a prescription drug, more and more of the drug is required to get the desired effects. For example a person may need to take four times as much of a drug to get the same effect. This is a problem for a number of reasons. It can lead to death or hospitalization due to an overdose, it can cause the tolerance to continue to rise, and it can cause serious financial problems if an addicted person needs to buy a significantly larger amount of the drug. If tolerance develops or if this office perceives that tolerance is developing, you may be referred to another clinic or specialist.
16. *Physical dependence* is when a person needs a certain amount of the prescription drug in their system in order to function normally. The body adapts to the drug and needs it to perform. Withdrawal symptoms often occur when an addict quits using the drug. Some withdrawal symptoms include runny nose, diarrhea, sweating, rapid heart rate, difficulty sleeping for several days, abdominal cramping, "goose bumps", nervousness, feeling physically ill, temporary loss of memory, and wild mood swings, which can sometimes culminate in physical aggression. If you develop symptoms consistent with physical dependence or if this office perceives that you are developing symptoms consistent with physical dependence, you may be referred to another clinic or specialist.
17. Controlled medications should generally not be stopped abruptly, as an *abstinence syndrome* will likely develop. However, an abstinence syndrome may develop despite careful cessation of the medication through tapered reduction. Abstinence syndrome is an inherent risk with controlled substance usage, even on a short-term basis. It is possible that you will develop an abstinence

syndrome when the time comes to discontinue your controlled substance medication. Abstinence syndrome symptoms include all symptoms listed above under physical dependence.

18. **If Ms. Gia Swope F.N.P. refers you to another clinic or specialist, it will be your responsibility to secure an appointment.** Although we will assist as much as possible, failure to obtain another clinic or specialist appointment within 30 days from the date you are informed that Ms. Gia Swope F.N.P. is planning to refer you to another clinic or specialist may result in the cessation of future prescriptions of controlled substances from this office.
19. Medications will not be refilled outside of normal business hours. Please do not phone for prescriptions after hours or on weekends. If you have a sudden worsening of symptoms, you will be directed to visit the nearest emergency room outside of normal business hours.
20. Medications may not be replaced if they are lost, get wet, are destroyed, or left on an airplane, etc. If your medication has been stolen and you complete a police report regarding the theft, an exception **may** be made.
21. All medication refills, to include controlled substance refills **will be normally completed within 2 business days.** The office staff is not able to give you your prescription unless Ms. Gia Swope F.N.P. has authorized and signed your prescription. We are not open on Saturday, Sunday, or Tuesday. Additionally, **do not walk into our office with the expectation of having your prescription refilled while you wait.**
22. Renewal/Refills are contingent on keeping scheduled appointments. Failure to keep scheduled appointments may result in cessation of controlled substance prescriptions from this office.
23. **If you run out of your controlled medication early, you will not receive a prescription until your scheduled refill date.** For example, if your prescription allows for a possible maximum daily usage of 10 pills and the quantity dispensed is 100, which should therefore last 10 days, you will not receive a refill prior to 10 days even if you use your medication in 7 days. You must budget your controlled medications carefully. If you fail to manage your controlled substance medication usage in an appropriate fashion, you may no longer receive controlled substance prescriptions from this office and may be referred another clinic or specialist.
24. Early refills will generally not be given, however, prescriptions may be issued early if the provider or patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date.
25. If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration.
26. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.
27. It is understood that failure to adhere to these policies may result in cessation of controlled substance prescriptions from this provider and/or referral for further specialty assessment.
28. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all of its terms.

Controlled Substance Prescription Agreement

Provider Signature: _____ Date _____

Patient Signature: _____ Date _____
(Parent signature if a minor patient)

Patient Name (Printed): _____

Witness: _____

Recommendations to manage your medications:

1. Keep a diary of the symptoms medications you are taking, the medication dose, time of day you are taking them, their effectiveness and side effects you may be having.
2. Use of a medication box that you can purchase at your pharmacy that is already divided into the days of the week and times of the day so it is easier to remember when to take your medications.
3. Take along only the amount of medicine you need when leaving home so there is less risk of losing all your medications at the same time.